

Case Number:	CM14-0188508		
Date Assigned:	11/19/2014	Date of Injury:	08/04/2014
Decision Date:	01/07/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/12/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in Pennsylvania. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 66-year-old woman with a date of injury of 08/04/2014. The submitted and reviewed documentation did not identify the mechanism of injury. Treating physician notes dated 08/06/2014, 08/13/2014, 09/10/2014, and 10/08/2014 indicated the worker was experiencing right wrist pain. The pain had begun to improve but the note dated 10/08/2014 described a possible re-injury or worsened injury event causing increased pain. X-rays done on 08/06/2014 did not show a new broken bone. Documented examinations described right wrist tenderness and decreased right grip strength. The submitted and reviewed documentation concluded the worker was suffering from wrist sprain. Treatment recommendations included oral pain medication, a wrist splint, occupational therapy, and a MRI of the right wrist. A Utilization Review decision was rendered on 10/27/2014 recommending non-certification for a MRI of the right wrist

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

MRI of right wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 253-278.

Decision rationale: The MTUS Guidelines are silent as to the issue of using MRI of the right forearm in this clinical setting. The ACOEM Guidelines strongly recommend the use of MRI with a concern for infection involving this area of the body and with a mildly strong recommendation for a concern of carpal tunnel syndrome. A MRI is not recommended for any other conditions involving forearm, wrist, and/or hand complaints. When a broken scaphoid (wrist bone) is suspected, the Guidelines recommend repeating the x-rays seven to ten days after the symptoms began. A limited bone scan can be used if x-rays are not helpful and the suspicious findings continue. The submitted and reviewed documentation concluded the worker was suffering from wrist sprain. The pain had begun to improve but a note dated 10/08/2014 described a possible re-injury or worsened injury event causing increased pain. The original x-rays done two days after symptoms began were non-diagnostic; repeat x-rays were not reported. There was no discussion detailing the reason(s) this study was requested or extenuating circumstances that would support its use in this setting. In the absence of such evidence, the current request for a MRI of the right wrist is not medically necessary.